

<i>SERFF Tracking Number:</i>	<i>SEFL-125666166</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39149</i>
<i>Company Tracking Number:</i>	<i>ADBAPP</i>		
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>ADBAPP</i>		
<i>Project Name/Number:</i>	<i>ADBAPP/ADBAPP</i>		

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: ADBAPP

TOI: H02I Individual Health - Accident Only

Sub-TOI: H02I.000 Health - Accident Only

Filing Type: Form

SERFF Tr Num: SEFL-125666166

SERFF Status: Closed

Co Tr Num: ADBAPP

Co Status: sent to state

Author: Kristi Hendrickson

Date Submitted: 05/30/2008

State: ArkansasLH

State Tr Num: 39149

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 06/09/2008

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: ADBAPP

Project Number: ADBAPP

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/09/2008

State Status Changed: 06/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Form Numbers Form Title

47-921-01152 Accident Plus Benefit Application

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/19/2008

Domicile Status Comments: Approved

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Dear Sir or Madame:

Assurity Life Insurance Company submits the above captioned form for review and approval. This form will not replace any previously approved forms and was approved by Nebraska on May 19, 2008.

SERFF Tracking Number:	SEFL-125666166	State:	Arkansas
Filing Company:	Assurity Life Insurance Company	State Tracking Number:	39149
Company Tracking Number:	ADBAPP		
TOI:	H021 Individual Health - Accident Only	Sub-TOI:	H021.000 Health - Accident Only
Product Name:	ADBAPP		
Project Name/Number:	ADBAPP/ADBAPP		

Form 47-921-01152 will be used to apply for coverage under form DM115, which was approved by your office on January 29, 1999, respectfully. The top portion of the form will be a letter to the policyholder explaining the Accident Plus Benefit.

This application will be mailed to policyholders who currently own a policy with us that was sold through our direct distribution line. There will not be any involvement from an agent in this process.

Should you have any questions or concerns regarding this submission, please contact me at 800-276-7619, ext 3452. I may also be reached via email at policyfiling@assurity.com.

Best regards,
Kristi Hendrickson
Policy Filing Specialist
Compliance/Policy Filing Unit
New Business Services

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist	policyfiling@assurity.com
1526 K Street	(402) 437-3452 [Phone]
Lincoln, NE 68508	(402) 437-3802[FAX]

Filing Company Information

Assurity Life Insurance Company	CoCode: 71439	State of Domicile: Nebraska
1526 K Street	Group Code: -99	Company Type: Life/Health
P.O. Box 82533		
Lincoln, NE 68501-2533	Group Name:	State ID Number:
(800) 276-7619 ext. [Phone]	FEIN Number: 38-1843471	

<i>SERFF Tracking Number:</i>	<i>SEFL-125666166</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>ADBAPP</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>ADBAPP</i>		
<i>Project Name/Number:</i>	<i>ADBAPP/ADBAPP</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$20.00	05/30/2008	20590821

SERFF Tracking Number:	SEFL-125666166	State:	Arkansas
Filing Company:	Assurity Life Insurance Company	State Tracking Number:	39149
Company Tracking Number:	ADBAPP		
TOI:	H021 Individual Health - Accident Only	Sub-TOI:	H021.000 Health - Accident Only
Product Name:	ADBAPP		
Project Name/Number:	ADBAPP/ADBAPP		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/09/2008	06/09/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/06/2008	06/06/2008	Kristi Hendrickson	06/06/2008	06/06/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Please note the application is only on the bottom half of the page.	Note To Reviewer	Kristi Hendrickson	06/06/2008	06/06/2008

<i>SERFF Tracking Number:</i>	<i>SEFL-125666166</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>ADBAPP</i>		
<i>Project Name/Number:</i>	<i>ADBAPP/ADBAPP</i>		

Disposition

Disposition Date: 06/09/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SEFL-125666166</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39149</i>
<i>Company Tracking Number:</i>	<i>ADBAPP</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>ADBAPP</i>		
<i>Project Name/Number:</i>	<i>ADBAPP/ADBAPP</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form (revised)	Accident Plus Benefit Application	Approved-Closed	Yes
Form	Accident Plus Benefit Application	Withdrawn	No

SERFF Tracking Number: SEFL-125666166 State: Arkansas
Filing Company: Assurity Life Insurance Company State Tracking Number: 39149
Company Tracking Number: ADBAPP
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: ADBAPP
Project Name/Number: ADBAPP/ADBAPP

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/06/2008
Submitted Date 06/06/2008

Respond By Date

Dear Kristi Hendrickson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accident Plus Benefit Application (Form)

Comment: I cannot get the application to open. Please resubmit.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/06/2008
Submitted Date 06/06/2008

Dear Rosalind Minor,

Comments:

Response 1

Comments: Here it is.

Related Objection 1

Applies To:

- Accident Plus Benefit Application (Form)

Comment:

I cannot get the application to open. Please resubmit.

Changed Items:

<i>SERFF Tracking Number:</i>	<i>SEFL-125666166</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39149</i>
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<i>Product Name:</i>	<i>ADBAPP</i>		
<i>Project Name/Number:</i>	<i>ADBAPP/ADBAPP</i>		

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Accident Plus Benefit Application	47-921- 01152		Application/Enrollment Form	Initial		58	47-921- 01152.pdf
<i>Previous Version</i>							
<i>Accident Plus Benefit Application</i>	<i>47-921- 01152</i>		<i>Application/Enrollment Form</i>	<i>Initial</i>		<i>58</i>	<i>47-921- 01152.pdf</i>

No Rate/Rule Schedule items changed.

Sincerely,
Kristi Hendrickson

<i>SERFF Tracking Number:</i>	<i>SEFL-125666166</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39149</i>
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<i>Product Name:</i>	<i>ADBAPP</i>		
<i>Project Name/Number:</i>	<i>ADBAPP/ADBAPP</i>		

Note To Reviewer

Created By:

Kristi Hendrickson on 06/06/2008 03:44 PM

Subject:

Please note the application is only on the bottom half of the page.

Comments:

Hope this helps.

<i>SERFF Tracking Number:</i>	<i>SEFL-125666166</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>ADBAPP</i>		
<i>Project Name/Number:</i>	<i>ADBAPP/ADBAPP</i>		

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	47-921-	Application/ Accident Plus Benefit Initial			58	47-921-
Closed	01152	Enrollment Application Form				01152.pdf

ASSURITY LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 889-6002 • FAX (402) 437-3815

**Application for
ACCIDENT PLUS BENEFIT**

Name _____ Policy No. _____ Date _____

Accident Plus Benefit Amount \$ _____

Please sign and date below to add the Accident Plus Benefit to your life insurance policy for just \$ _____ per month!
Send no money now. You will be billed on your next premium billing notice or it will be withdrawn with your next premium
if you are on the automatic premium payment option.

Fraud Notice: Any person who submits an application or files a claim with the intent to defraud or help commit a fraud against an
insurance company may be guilty of a crime.

Date (MM/DD/YYYY)

Signature of Insured

Date (MM/DD/YYYY)

Signature of Owner (If other than Insured)

Please return this form in the enclosed postage-paid envelope to Assurity Life Insurance Company.

Rider policy form no. [DM 115, ALI DM115 or ADB1002]



<i>SERFF Tracking Number:</i>	<i>SEFL-125666166</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39149</i>
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	SEFL-125666166	State:	Arkansas
Filing Company:	Assurity Life Insurance Company	State Tracking Number:	39149
Company Tracking Number:	ADBAPP		
TOI:	H021 Individual Health - Accident Only	Sub-TOI:	H021.000 Health - Accident Only
Product Name:	ADBAPP		
Project Name/Number:	ADBAPP/ADBAPP		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	06/09/2008
Comments:				
Attachments:				
AR NEW Certification.pdf				
Readability.pdf				
Bypassed -Name:	Application	Review Status:	Approved-Closed	06/09/2008
Bypass Reason:	N/A			
Comments:				
Bypassed -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	06/09/2008
Bypass Reason:	N/A			
Comments:				
Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	06/09/2008
Bypass Reason:	N/A			
Comments:				



Company Name: Assurity Life Insurance Company

Form Title(s) and Numbers:

Form 75-921-01152 Accident Plus Benefit Application

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with the following:

- Regulation 19, as well as the other laws and regulations of the State of Arkansas.
- The company's policy issue procedure includes the notice required by Ark. Code Ann. 23-79-138 as addressed in Bulletins 6-87 and 11-88.
- The company's policy issue procedure includes the Life and Health Guaranty Association Notice as set form in Regulation 49.

A handwritten signature in black ink that reads "Carol S. Watson". The signature is written in a cursive style with a horizontal line underneath it.

Carol S. Watson
Vice President, Corporate Secretary

May 30, 2008

READABILITY CERTIFICATION

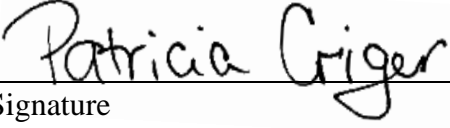
I hereby certify the following forms were tested for readability using Microsoft® Word XP program and achieved the following test results:

Company Name: Assurity Life Insurance Company

Form Number(s): 47-921-01152

Type of Form: Application for Accidental Death Benefit

<u>Form No.</u>	<u>Description</u>	<u>Flesch Score</u>
47-921-01152	Accident Plus Benefit Application	58.4



Signature

May 30, 2008

Date

Patricia Criger
Director, New Business Services

<i>SERFF Tracking Number:</i>	<i>SEFL-125666166</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39149</i>
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<i>Product Name:</i>	<i>ADBAPP</i>		
<i>Project Name/Number:</i>	<i>ADBAPP/ADBAPP</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Accident Plus Benefit Application	05/27/2008	47-921-01152.pdf

ASSURITY LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 889-6002 • FAX (402) 437-3815

**Application for
ACCIDENT PLUS BENEFIT**

Name _____ Policy No. _____ Date _____

Accident Plus Benefit Amount \$ _____

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insurance company may be guilty of a crime.

Date (MM/DD/YYYY)

Signature of Insured

Date (MM/DD/YYYY)

Signature of Owner (If other than Insured)

Please return this form in the enclosed postage-paid envelope to Assurity Life Insurance Company.

Rider policy form no. [DM 115, ALI DMI 115 or ADB 1002]

